PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number 10/578615

| CLAIMS AS FILED - PART I | | | | | | | | SMALL ENTITY TYPE | | OR | OTHER THAN SMALL ENTITY | |
|--|--|---|---|--------------------------|---------------------------------|--------------------------------|---|---------------------|------------------------|----|----------------------------|------------------------|
| U.S. NATIONAL STAGE FEES | | | (Column 1) | | (0 | (Column 2) | | RATE | FEE | | RATE | FEE |
| BAS | IC FEE | | SMALL ENT. = \$ 150 | | LARG | LARGE ENT. = \$ 300 | | BASIC FEE | | OR | BASIC FEE | 300 |
| EXAMINATION FEE | | | Satisfies PCT Art | | | ner situations = | 1 | EXAM. FEE | | | EXAM. FEE | 200 |
| SEA | RCH FEE | | U.S. is ISA = \$ ALL other cour \$ 200 / \$ 4 | 50 / \$ 100 intries = | ALL ot | ther situations = 250 / \$ 500 | | SEARCH FEE | | | SEARCH FEE | 450 |
| FEE FOR EXTRA SPEC. PGS. | | | ↓ ↓ ↓ minus 100 = | | | / 50 = | | X \$ 125 = | | | X \$ 250 = | |
| тотл | AL CHARGEAB | LE CLAIMS | 10 min | nus 20 = | * | * | | X \$ 25 = | | OR | X \$ 50 = | |
| INDE | EPENDENT CLA | AIMS | l m | ninus 3 = | * _ | | | X \$ 100 = | | OR | X \$ 200 = | |
| MUL | TIPLE DEPEND | DENT CLAIM PRE | ESENT | | | | 1 | + \$ 180 = | | OR | + \$ 360 = | 36U |
| * If | the difference | in column 1 is l | less than zero | , enter "(| 0" in col | lumn 2 | • | TOTAL | | OR | TOTAL | 1260 |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) | | | | | | | | SMALL ENTITY | | OR | OTHER THAN SMALL ENTITY | |
| A T | | CLAIMS REMAINING AFTER AMENDMENT | | NUM PREVIO | HEST MBER IOUSLY DFOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| AMENDMENT | Total | * | Minus | ** | | = | | X \$ 25 = | | OR | X \$ 50 = | |
| MEN | Independent | * | Minus | *** | | = | | X \$ 100 = | | OR | X \$ 200 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | + \$ 180 = | | OR | + \$ 360 = | |
| | <u> </u> | | TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | | | | | | |
| | | (Column 1) | | (Colu | ımn 2) | (Column 3) | | | | | | |
| тв | | CLAIMS REMAINING AFTER AMENDMENT | | NUM PREVIO | HEST MBER NOUSLY D FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| DME | Total | * | Minus | ** | | = | | X \$ 25 = | | OR | X \$ 50 = | |
| AMENDMENT | Independent | * | Minus | *** | | = | | X \$ 100 = | | OR | X \$ 200 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | + \$ 180 = | | OR | + \$ 360 = | |
| | | | | | | | | TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20". | | | | | | | | | | | | |

^{***} If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.